



## NOTICE OF CONTRACT RENEWAL

State Of Missouri  
Office Of Administration  
Division Of Purchasing  
PO Box 809  
Jefferson City, MO 65102-0809  
<http://oa.mo.gov/purchasing>

*MJC*

*REF ID: A0349D1700042*

CONTRACT NUMBER	CONTRACT TITLE
CS170042005	Alternatives to Abortion Program Services
AMENDMENT NUMBER	CONTRACT PERIOD
Amendment #001	July 1, 2017 through June 30, 2018
REQUISITION/REQUEST NUMBER	SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID
NR 886 DFA18000005	43169397000/MB00097817
CONTRACTOR NAME AND ADDRESS	STATE AGENCY'S NAME AND ADDRESS
LACLEDE COUNTY PREGNANCY SUPPORT CENTER PO BOX 373 525 S WASHINGTON LEBANON MO 65536	Department of Social Services Division of Finance & Administration Svcs 221 W High Street, Room 310, PO Box 1082 Jefferson City MO 65102-1082

### ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:

Contract CS170042005 is hereby amended pursuant to the attached amendment #001, dated 08/01/17.

BUYER	BUYER CONTACT INFORMATION
Julie Kleffner	Email: <a href="mailto:julie.kleffner@oa.mo.gov">julie.kleffner@oa.mo.gov</a> Phone: (573) 751-7656 Fax: (573) 526-9816
SIGNATURE OF BUYER	DATE
	8-25-17
DIRECTOR OF PURCHASING	Karen S. Boeger



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL

AMENDMENT NO.: 001  
CONTRACT NO.: CS170042005  
TITLE: Alternatives to Abortion Program Services  
ISSUE DATE: 07/31/17

REQ NO.: NR 886 DFA18000005  
BUYER: Julie Kleffner  
PHONE NO.: (573) 731-7656  
E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: LACLEDE COUNTY PREGNANCY SUPPORT CENTER  
PO BOX 373 525 S WASHINGTON  
LEBANON MO 65536

RETURN AMENDMENT BY NO LATER THAN: 08/14/17 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

SIGNATURE REQUIRED

VENDOR NAME  Laclede County Pregnancy Support Center	MISSOURIBUY'S SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)  MB00097817
MAILING ADDRESS  PO Box 373	
CITY, STATE, ZIP CODE  Lebanon, MO, 65536	

CONTACT PERSON  Shaun Dickerson or Abigail Chisom	EMAIL ADDRESS  <a href="mailto:abigail@psclebanon.org">abigail@psclebanon.org</a> or <a href="mailto:info@psclebanon.org">info@psclebanon.org</a>				
PHONE NUMBER  417-532-8555	FAX NUMBER  417-532-8152				
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)					
Corporation	Individual	State/Local Government	Partnership	Sole Proprietor	<input checked="" type="checkbox"/> IRS Tax-Exempt
<u>Abigail Chisom</u>		DATE 8/1/2017			
PRINTED NAME  Shaun Dickerson		TITLE CEO			

Contract CS1700420005

Page 2

AMENDMENT #001 TO CONTRACT CS1700420005CONTRACT TITLE: Alternatives to Abortion Program ServicesCONTRACT PERIOD: July 1, 2017 through June 30, 2018

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

Effective July 1, 2017, the administrative responsibilities of the Alternatives to Abortion was transferred from the Office of Administration, Commissioner's Office to the Missouri Department of Social Services at the following address:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

Therefore, the all references to the state agency shall be hereby deemed to mean the Missouri Department of Social Services.

Consequently, Attachment 3 has been revised to refer to the Department of Social Services in lieu of the Office of Administration. All references to Attachment 3 shall be hereby deemed to mean the attached Attachment 3 referencing the Department of Social Services.

The General Assembly has made available additional funds for Alternatives to Abortion Program services. Therefore, pursuant to paragraph 2.12.3 b. of the RFP portion of the contract, the above-referenced contract shall be renewed for up to the maximum annual total price specified below. The contractor shall indicate in the table below the maximum annual total price for the provision of the Alternatives to Abortion Program services. In no event shall the contractor quote a price to exceed the maximum price identified in italics below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 5	\$ <u>60,888</u> <u>(\$360,888.00)</u>	maximum annual total price
Geographic Region 7	\$ <u>114,925</u> <u>(\$114,925.00)</u>	maximum annual total price
Geographic Region 8	\$ <u>38,442</u> <u>(\$38,442.00)</u>	maximum annual total price

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Attachment 5, attached hereto, has been revised to reflect the new contract period.

The contractor shall sign and return this document, along with completed pricing, budget/price analysis, and budget narrative, on or before the date indicated.

**NOTE:** The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

### Attachment 3

### Department of Social Services

### Reimbursement Request for Other Services

Program: **Alternatives to Abortion**

Contractor: \_\_\_\_\_

Subcontractor: \_\_\_\_\_

Please enter below the information for each item/service to be purchased. List the date of purchase, item to be purchased, cost for the item, and the justification. Items must be approved **before** purchased/provided to be reimbursed.

*Client Name* \_\_\_\_\_

*Date Enrolled* \_\_\_\_\_

Proposed Purchase Date	Item	Total Cost (include formal estimate from provider of services)	Justification, include other sources of funding that have been attempted
Amt. to be reimbursed			

*Under section 2.7.4 of the A2A contract, the following items and services are not eligible for reimbursement: taxes, travel expenses, shipping charges, insurance, interest, penalties, termination payments, attorney fees, and liquidated damages. Please subtract these charges from your total reimbursement request prior to submission.*

*Please return to Alternatives to Abortion Program Manager, State of Missouri - Department of Social Services, Division of Finance & Administrative Services, Broadway State Office Building, 221 W. High St., Room 310, P.O. Box 1082, Jefferson City, MO 65102-1082. May be faxed to 573/751-7598 or emailed to [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov) by the Contractor only.*

Authorized person requesting purchase: \_\_\_\_\_ Date \_\_\_\_\_

Purchase is Approved  Denied  A2A Signature \_\_\_\_\_ Date \_\_\_\_\_

Reason for denying purchase: \_\_\_\_\_

\_\_\_\_\_

*Missouri Office of Administration*

*A2A Quarterly Expenditure Report*

Agency: [Insert Agency Name]	Contract Number:
------------------------------	------------------

*Program Year July 1, 2017 - June 30, 2018*

**Revenue**

Revenue Request

Federal (TANF)

\$ -

**Indirect Administrative Costs Calculations**

**Option 1: Federally Negotiated Indirect Cost Rate (FNICR)**

Application Base:

Federally Negotiated Indirect Cost Rate (FNICR): %

0.00%

**Total Indirect Administrative Costs**

\$ -

OR

**Option 2: 10% De Minimus (use if no FNICR)**

Application Base: Modified Total Direct Administrative Cost

\$ -

10%

**Total Indirect Administrative Costs**

\$ -

**Direct Administrative Costs**

Program Salaries and Wages

\$ -

Employee Benefits

\$ -

Employee Travel

\$ -

Employee Training

\$ -

Office Rent/Space

\$ -

Office Utilities

\$ -

Facility Insurance

\$ -

Office Supplies (under \$5,000)

\$ -

Equipment ( Capitol Equipment over \$5,000 threshold)

\$ -

Office Communications

\$ -

Office Repairs and Maintenance

\$ -

Contract/Consulting

\$ -

Other (list):

\$ -

(add other categories as needed)

\$ -

**Total Direct Administrative Cost**

\$ -

Less:

Equipment (Capital Equipment over the \$5,000 threshold)

0

Contracting/Consulting (amount of each contract service over \$25,000)

0

Other based on definition

0

**Modified Total Direct Administrative Cost**

\$ -

**Participant Services**

Transportation

\$ -

Job Training

\$ -

Tuition Assistance

\$ -

Contracted Residential Care

\$ -

Utility Assistance

\$ -

Emergency Shelter

\$ -

Housing Assistance

\$ -

(add others as needed)

\$ -

**Total Participant Costs**

\$ -

*I hereby certify that the budget is taken from the original Books of Account and that budget amounts are valid and consistent with the terms of the contract.*

Signature of Authorized Representative of [Insert Agency Name]	Date
--	------

**Alternatives to Abortion CS1700420005**

**Amendment #001**

**Laclede County Pregnancy Support Center  
Submitted by Abigail Chisom, 417-532-8555**

**Budget/Price Analysis and Narrative**

Geographic Region 5 – total award requested \$60,888

**Direct Administrative Costs**

Program Salaries and Wages	\$ 17,000.00
Employee Benefits	\$ 1200.00
Employee Travel	\$ 400.00
Office Utilities	\$ 1000.00
Facility Insurance	\$ 600.36
Office Supplies	\$ 501.00
Office Communications	\$ 913.00
Office Repairs/Maintenance	\$ 500.00
Contract/Consulting	\$ 1522.00
Indirect Admin. Costs	\$ 2363.64

Total Administrative Costs                   \$26,000

The Program Salaries and Wages include hours of case management and parenting classes that are actually direct services to clients. The Employee Travel in this region is fairly low because most clients in this region are able to come to the facility and do not require regular home visits. The remaining expenses are based on the overall expense to serve all of this facility's clients times the average percentage of clients served through the Alternatives to Abortion program.

**Participant Services**

Transportation	\$ 2100.00
Job Training	\$ 300.00
Tuition Assistance	\$ 300.00
Residential Housing	\$ 4700.00
Utility Assistance	\$ 3188.00
Emergency Shelter	\$ 700.00
Housing Assistance	\$12,200.00
Child Care	\$ 1000.00
Clothing	\$ 600.00
Supplies	\$ 3500.00
Food	\$ 300.00
Other Services	\$ 6000.00

Total Participant Services                   \$34,888

The numbers estimated for Participant Services were concluded by looking at past expenditures for this region. Each category's allotment was determined by using the average percentage spent in previous years and applying it to the total of the proposed overall budget. The Residential Housing category reflects all direct residential client expenses such as food, clothing, etc.

**Alternatives to Abortion CS1700420005**  
**Amendment #001**  
**Laclede County Pregnancy Support Center**  
Page 2

**Geographic Region 7 – total award requested \$114,925**

**Direct Administrative Costs**

Program Salaries and Wages	\$31,500
Employee Benefits	\$ 2205
Employee Travel	\$ 1000
Office Utilities	\$ 1575
Facility Insurance	\$ 1100
Office Supplies	\$ 2400
Office Communications	\$ 1000
Office Repairs/Maintenance	\$ 200
Contract/Consulting	\$ 2900
Indirect Admin. Costs	\$ 4388
Total Administrative Costs	\$48,268

The Program Salaries and Wages include hours of case management and parenting classes that are actually direct services to clients. The Employee Travel in this region reflects a larger percentage of clients requiring regular home visits. The remaining expenses are based on the overall expense to serve all of this facility's clients times the average percentage of clients served through the Alternatives to Abortion program.

**Participant Services**

Transportation	\$ 4000
Job Training	\$ 400
Tuition Assistance	\$ 400
Residential Housing	\$ 9500
Utility Assistance	\$ 6500
Emergency Shelter	\$ 1200
Housing Assistance	\$22,000
Child Care	\$ 3000
Clothing	\$ 1200
Supplies	\$ 7500
Food	\$ 957
Other Services	\$10,000
Total Participant Services	\$66,657

The numbers estimated for Participant Services were concluded by looking at past expenditures for this region. Each category's allotment was determined by using the average percentage spent in previous years and applying it to the total of the proposed overall budget. The Residential Housing category reflects all direct residential client expenses such as food, clothing, etc.

**Alternatives to Abortion CS1700420005**  
**Amendment #001**  
**Laclede County Pregnancy Support Center**  
Page 3

**Geographic Region 8 – total award requested \$38,442**

**Direct Administrative Costs**

Program Salaries and Wages	\$ 10,000
Employee Benefits	\$ 700
Employee Travel	\$ 1000
Office Utilities	\$ 447
Facility Insurance	\$ 300
Office Supplies	\$ 500
Office Communications	\$ 380
Office Repairs/Maintenance	\$ 350
Contract/Consulting	\$ 1000
Indirect Admin. Costs	\$ 1468

Total Administrative Costs                   \$16,145

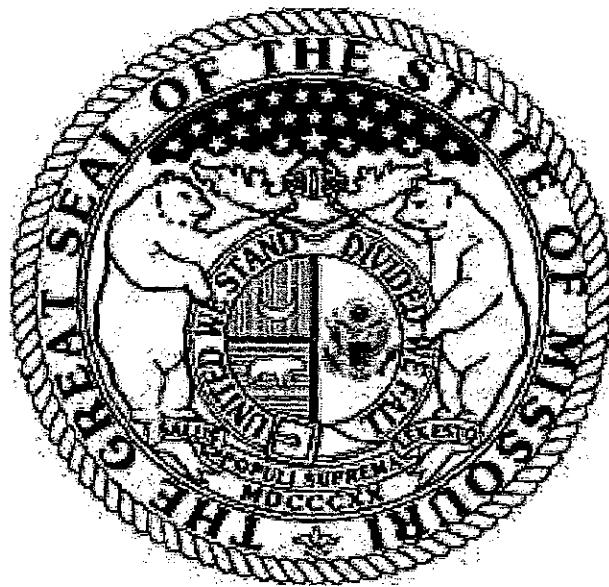
The Program Salaries and Wages include hours of case management and parenting classes that are actually direct services to clients. The Employee Travel in this region reflects a larger percentage of clients requiring regular home visits. The remaining expenses are based on the overall expense to serve all of this facility's clients times the average percentage of clients served through the Alternatives to Abortion program.

**Participant Services**

Transportation	\$ 1155
Job Training	\$ 200
Tuition Assistance	\$ 200
Residential Housing	\$ 2690
Utility Assistance	\$ 1925
Emergency Shelter	\$ 1000
Housing Assistance	\$ 7304
Child Care	\$ 1000
Clothing	\$ 500
Supplies	\$ 1535
Food	\$ 190
Other Services	\$ 4598

Total Participant Services                   \$22,297

The numbers estimated for Participant Services were concluded by looking at past expenditures for this region. Each category's allotment was determined by using the average percentage spent in previous years and applying it to the total of the proposed overall budget. The Residential Housing category reflects all direct residential client expenses such as food, clothing, etc.



**State of Missouri**

**OFFICE OF ADMINISTRATION**

Division of Purchasing

Contract Amendment Documentation

The following documentation consists of additional contract amendment documentation. The additional contract amendment documentation is not a part of the official contract amendment, but provides supporting information for the official contract amendment.

**Kleffner, Julie**

---

**From:** Morrison, Mary Ann  
**Sent:** Wednesday, August 16, 2017 4:03 PM  
**To:** Kleffner, Julie  
**Subject:** FW: CS170042005/Laclede Co  
**Attachments:** CS170042005-002 (Laclede Co Prg Ctr - FY18) APPROVED 8-16-17.pdf

Please see attached.

**Mary Ann Morrison, Procurement Officer II**  
DSS/DFAS  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Benne, Joy  
**Sent:** Wednesday, August 16, 2017 4:01 PM  
**To:** Morrison, Mary Ann  
**Subject:** RE: CS170042005

Mary Ann,  
Please find attached the amendment and "APPROVED" budget for Laclede County Pregnancy Support Center.

The original documents received were a copy of Laclede's response to the RFP in relation to how the budget would be broken down based upon the example that was given. Laclede was contacted and asked to submit a budget breakdown and budget narrative for each region awarded. The new documents are included in the attached.

Thanks.

*Joy E Benne, Fiscal Administrative Mgr.*  
Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Morrison, Mary Ann  
**Sent:** Tuesday, August 08, 2017 3:22 PM  
**To:** Benne, Joy  
**Subject:** FW: CS170042005

Please review the attached amendment for Laclede Co Pregnancy Support Center and advise if acceptable.  
Thanks.

**Mary Ann Morrison, Procurement Officer II**

DSS/DFAS  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Kleffner, Julie  
**Sent:** Tuesday, August 08, 2017 3:20 PM  
**To:** Morrison, Mary Ann  
**Subject:** CS170042005

Please review and advise if acceptable to proceed.

Julie Kleffner, CPPB  
Division of Purchasing  
Harry S Truman Bldg, Room 630  
Post Office Box 809  
Jefferson City MO 65102-0809  
Phone: 573-751-7656  
Fax: 573-526-9816



**STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING  
CONTRACT RENEWAL**

AMENDMENT NO.: 001  
 CONTRACT NO.: CS170042005  
 TITLE: Alternatives to Abortion Program Services  
 ISSUE DATE: 07/31/17

REQ NO.: NR 886 DFA18000005  
 BUYER: Julie Kleffner  
 PHONE NO.: (573) 751-7656  
 E-MAIL: [Julie.Kleffner@oa.mo.gov](mailto:Julie.Kleffner@oa.mo.gov)

TO: LACLEDE COUNTY PREGNANCY SUPPORT CENTER  
 PO BOX 373 525 S WASHINGTON  
 LEBANON MO 65536

RETURN AMENDMENT BY NO LATER THAN: 08/14/17 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	<a href="mailto:Julie.Kleffner@oa.mo.gov">Julie.Kleffner@oa.mo.gov</a>
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Social Services  
 Division of Finance and Administrative Services  
 221 W. High Street, Room 310  
 Post Office Box 1082  
 Jefferson City MO 65102-1082

**SIGNATURE REQUIRED**

VENDOR NAME	MissouriBuys SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
Laclede County Pregnancy Support Center	MB00097817
MAILING ADDRESS	
PO Box 373	
CITY, STATE, ZIP CODE	
Lebanon, MO, 65536	

CONTACT PERSON	EMAIL ADDRESS				
Shaun Dickerson or Abigail Chisom	<a href="mailto:abigail@psclebanon.org">abigail@psclebanon.org</a> or <a href="mailto:info@psclebanon.org">info@psclebanon.org</a>				
PHONE NUMBER	FAX NUMBER				
417-532-8555	417-532-8152				
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)					
<input type="checkbox"/> Corporation	<input type="checkbox"/> Individual	<input type="checkbox"/> State/Local Government	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor	<input checked="" type="checkbox"/> IRS Tax-Exempt
<u>Abigail Chisom</u>			DATE		
			8/1/2017		
PRINTED NAME		TITLE			
Shaun Dickerson		CEO			

Contract CS1700420005

Page 2

AMENDMENT #001 TO CONTRACT CS1700420005**CONTRACT TITLE:** Alternatives to Abortion Program Services**CONTRACT PERIOD:** July 1, 2017 through June 30, 2018

The State of Missouri hereby exercises its option to renew the above-referenced contract and desires to amend the contract.

Effective July 1, 2017, the administrative responsibilities of the Alternatives to Abortion was transferred from the Office of Administration, Commissioner's Office to the Missouri Department of Social Services at the following address:

Missouri Department of Social Services  
Division of Finance and Administrative Services  
221 W. High Street, Room 310  
Post Office Box 1082  
Jefferson City MO 65102-1082

Therefore, the all references to the state agency shall be hereby deemed to mean the Missouri Department of Social Services.

Consequently, Attachment 3 has been revised to refer to the Department of Social Services in lieu of the Office of Administration. All references to Attachment 3 shall be hereby deemed to mean the attached Attachment 3 referencing the Department of Social Services.

The General Assembly has made available additional funds for Alternatives to Abortion Program services. Therefore, pursuant to paragraph 2.12.3 b. of the RFP portion of the contract, the above-referenced contract shall be renewed for up to the maximum annual total price specified below. The contractor shall indicated in the table below the maximum annual total price for the provision of the Alternatives to Abortion Program services. In no event shall the contractor quote a price to exceed the maximum price identified in italics below. The Non-Residential Services, price per client, per month and the Residential Care Services, price per client, per month shall remain the same.

Geographic Region 5	\$ <u>60,888</u> <u>(\$60,888.00)</u>	maximum annual total price
Geographic Region 7	\$ <u>114,925</u> <u>(\$114,925.00)</u>	maximum annual total price
Geographic Region 8	\$ <u>38,442</u> <u>(\$38,442.00)</u>	maximum annual total price

The contractor must provide a budget/price analysis of the maximum annual total price and a budget narrative.

Attachment 5, attached hereto, has been revised to reflect the new contract period.

The contractor shall sign and return this document, along with completed pricing, budget/price analysis, and budget narrative, on or before the date indicated.

**NOTE:** The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

525 S. Washington  
P.O. Box 373  
Lebanon, MO 65536

Laclede County Pregnancy  
Support Center

---

*Fax Transmittal Form*

To— OA

FROM

Attn: Julie Kleffner

Abigail Chisom, Assistant Director

Phone number:

Phone number: 417-532-8555

Fax number: 573-526-9816

Fax number: 417-532-8152

Email: Abigail@psclebanon.org

Date sent: 8/7/2017

Time sent: 12:20 pm

Number of pages including cover page: 3

---

Message:

Attached is Amendment 001 for the A2A program.

Thanks,

Abigail Chisom

AUG/08/2017/TUE 12:14 PM Pregnancy Center

FAX No. 417 532 8152

P. 001

525 S. Washington  
P.O. Box 373  
Leavenworth, MO 66534

Laclede County Pregnancy  
Support Center

*Fax Transmittal Form*

To— OA

Abigail Chisom

Attn: Julie Kleffner

Phone number:

Fax number: 573-526-9816

From

Abigail Chisom, Assistant Director

Phone number: 417-532-8655

Fax number: 417-532-8152

Email: Abigail@lcsupportcenter.org

Date sent: 8/08/2017

Time sent: 2:20 pm

Number of pages including cover page: 4

*Message:*

Attached is a Budget Narrative and Price Analysis for the A2A program.

Thanks,  
Abigail Chisom

State of Missouri 5735269816 08/08/2017 02:17PM Pg 01/04

P. 002

Laclede County Pregnancy Support Center  
Budget Narrative and Budget/Price Analysis

The vendor should present a written narrative which demonstrates the method or manner in which the vendor proposes to satisfy the requirements of the Request for Proposal to conduct Alternatives to Abortion Program services for the client scenario described below. The vendor should provide a total price with a price analysis for the client services identified in the narrative.

AUG/08/2017/TUE 12:15 PM      Pregnancy Center      FAX No. 417 532 8152

Jessica Smith has recently graduated from high school. She wants to pursue a career as a high school English teacher. She has applied and been accepted as an incoming freshman at a local college.

Jessica has just learned that she is six weeks pregnant. She does not currently have a job, and her boyfriend, also a recent high school graduate, is also unemployed. They are both 18 years of age and had planned to get an apartment together. Neither one of them has monetary support from their families.

Jessica currently lives 15 miles from the contractor's service location, but does not have a vehicle. If she continues with her higher education plans at the local college, she will be 30 miles away from the local college. She has contacted your organization and is unsure of her decision to parent or adopt.

**Narrative:** Jessica will be invited to come in for an initial assessment with a professional case manager. Since Jessica lives 15 miles away from our facility it will be determined if there is another alternatives to abortion provider in closer proximity to her home or if she is receiving alternatives to abortion program services from another provider. If she chooses to proceed with applying for services, the professional case manager will determine Jessica's eligibility. Jessica is a Missouri resident and it is determined that she meets the 185% of federal poverty level. She has also brought in a pregnancy verification that she obtained earlier from a nurse at the LCSC. The professional case manager will make copies of Jessica's driver's license, Medicaid card and will obtain her Social Security number. These will be placed in Jessica's client folder which will ultimately be placed in a locked file cabinet and maintained for five years minimum.

Having determined Jessica's eligibility, the professional case manager will enroll her into the program obtaining Jessica's written consent on the Individual Risk and Needs Assessment Form. The professional case manager will proceed to complete the Individual Risk and Needs Assessment. Though it is allowable to do within a seven day period, due to Jessica's lack of transportation, the professional case manager decides to also conduct the Initial Client Assessment and a domestic violence screening with Jessica in order to document risk factors and services needed to minimize the risk of abortion and to complete the pregnancy. Jessica will be assigned a case manager and will be provided with contact information for office hours and for the case manager's phone which is available for calls 24 hours a day and 7 days a week in the event of an emergency. Jessica has no immediate needs but is given assistance to apply for WIC, LI-HEAP and SNAP. Jessica makes an appointment to return in one week to continue case management and begin Prenatal and Parenting Skills Training. Jessica will also ask the father of the baby if he will attend classes with her.

Jessica returns alone in one week and brings with her the documentation to show that she applied for WIC, SNAP, and LI-HEAP. These will be placed in Jessica's client folder and maintained for five years minimum. She has begun receiving WIC vouchers but the other programs are pending. Jessica does a class on the importance of taking folic acid in the prevention of neural tube defects and the session is followed by case management. She is informed again that she will be required

P. 003

AUG/08/2017/TUE 12:16 PM Pregnancy Center

FAX No. 417 532 8152

At one visit Jessica is given some referrals for rent assistance as she may need assistance soon since neither she nor her boyfriend is working. The case manager also discussed the benefits of moving into town since she is dependent on friends and family for transportation. Moving to town would bring her closer to school, doctors and the LCPSC. Jessica isn't sure but takes referrals for income based housing in town. During future case management visits, Jessica and her case manager will work on a budget to include saving for a car and other transportation costs. Today Jessica's case manager refers Jessica to the WIA program at the local career center. This program can provide financial assistance to Jessica if she proceeds with her plan to attend college.

In future case management sessions, Jessica receives rent and utility assistance twice as all other agendas are out of funding. She is helped to obtain FAFSA so she may apply for college and begin to pursue her career as a nurse. Jessica and her boyfriend want to know more about adoption and her case worker provides referrals to several good agencies. A meeting with an adoption worker is scheduled. Jessica continues to attend Prenatal Parent Education and Parenting Skills Training and the father of the baby attends sporadically. Her case manager provides job referrals to the young man but he doesn't appear to make much effort to find employment.

After meeting with the adoption worker, the boyfriend pressures Jessica to place the baby for adoption but she has decided to keep her baby. She believes with her new found support system she will be able to parent her baby and still pursue her schooling. The boyfriend has decided that he doesn't want to be a part of Jessica's or the baby's lives. With her case manager's assistance she makes the decision to apply for income based housing. She is accepted and her housing deposit of \$575 and her utility deposit of \$100 are paid through the Alternatives to Abortion grant. In the future her rent will be subsidized by the Housing Authority and she will also receive some utility assistance from LIHEAP. Her case manager encourages her to look for part-time work for other expenditures and once again refers her to the career center.

In preparation for the arrival of Jessica's baby, she will be able to gather baby clothing and furnishings through the LCPSC resource network, the food free store and other community options. The case manager will assure that Jessica's baby will have a safe sleep environment and finding nothing available, purchases Jessica a Pack and Play approved by the 2011 American Academy of Pediatrics Recommendations. She also purchases a car seat and stroller since she has no car and will walk to some places. Jessica is able to get part time work at McDonalds but is still struggling financially and will need help with essential items for her baby and those would be purchased for her after all other sources have been exhausted.

Ultimately Jessica and her case manager's goals are for her to have a positive birth outcome and to complete LPN school enabling her to provide for herself and her child. Her case manager will support and help Jessica focus on her goals but Jessica knows she is the only one who can see her goals accomplished. The case manager meets with her an average of every two weeks and has been committed to reworking Jessica's personalized plan and setting goals as Jessica's situation changes. The case manager is committed to adjusting the plan as needed and finding the best possible way for Jessica to succeed.

It is assumed that the fictional client, Jessica, will stay in the program until she is one year post-partum. Given this information, along with the fact that she is currently 6 weeks pregnant, the

2

State of Missouri 5735269816 08/08/2017 02:17PM Pg 03/04

RPT3984917042

5

[LCPSC could reasonably expect to serve this client for 68 weeks or about 22 months. For our purposes here, only the first year's expenses will be explored. Our professional case manager would meet with Jessica for her initial paperwork, approximately five months later and again after the baby's birth and eight weeks later to perform a post-partum depression screening adding up to approximately four professional case management sessions. Based on a goal of meeting weekly for prenatal and parenting skills classes, we would expect our educator to meet approximately 47 times (90% attendance rate) with this client. Jessica's case manager would expect to meet at least twice a month and possibly a couple of extra visits to address urgent or unexpected needs averaging about 35 case management visits over the course of her time in the Alternatives to Abortion Services Program.

Jessica will need help with transportation. Because this is a rural area, buses are not an option. Until she can save up for a car, Jessica will rely on friends and family, the OATIS bus, Medicaid transport or a taxi. It is likely that Jessica would need at least \$800 in transportation assistance for school, work, classes and medical appointments (based on \$10 per round trip with 50 LCPSC visits and 20 trips to school and job interviews).

**12 month analysis**

Professional Case Management	5 visits @ \$45	\$ 225.00
Parenting Classes	47 visits @ \$25	\$1175.00
Case Management	36 visits @ \$25	\$ 900.00
Rent and Rent Deposit		\$1725.00
Transportation		\$ 700.00
Utility Assistance		\$650.00
Supplies		\$ 150.00
Car seat with stroller		\$ 100.00
Park N Play		\$ 275.00
Miscellaneous (diapers, etc.)		
<b>Subtotal</b>		<b>\$5900.00</b>
Administrative cost (10%)		\$590.00
<b>Total cost</b>		<b>\$6490.00</b>

Total price: \$6490 per year  
Total price: \$540 per month  
(provide a price analysis)

AUG/08/2017/TUE 12:17 PM Pregnancy Center

FAX No. 417 532 8152

P. 004

State of Missouri 5735269816 08/08/2017 02:17PM Pg 04/04

# MEMORANDUM

Office of Administration  
Division of Purchasing

**TO:** Laura Ortmeyer

**FROM:** Julie Kleffner 

**DATE:** July 19, 2017

**RE:** Renewal/Amendment to the Alternatives to Abortion Program Services Contracts

The Department of Social Services has requested the Alternatives to Abortion Program Services contracts, CS170042001 through CS170042009, be renewed with a funding increase pursuant to House Bill 11, section 11.120, lines 2 through 6. Pursuant to paragraph 2.12.3 b. of the RFP portion of the contract, funds may increase at the time of renewal if funds are appropriated by the General Assembly.

The contracts are also being amended as follows:

1. The administrative responsibilities of the Alternatives to Abortion Program transferred from the Office of Administration to the Department of Social Services.
2. As a result of the transfer of administrative responsibilities, Attachment 3 is being revised to reflect the correct state agency.
3. Attachment 5 is being revised to reflect the appropriate contract period.

Due to the legislature including a rate increase in the Fiscal Year Budget via House Bill 11 (see attached) and is allowed by paragraph 2.12.3 b. of the contract, I am processing the renewal to the contracts allowing a price increase.

Additionally, 1 CSR 40-1.050 (8) states, "*Contracts awarded as the result of a competitive solicitation may be amended when such an amendment is in the best interest of the state and does not significantly alter the original intent or scope of the contract.*"

Therefore, since the intent and scope of the contract are not altered, I am proceeding to amend the contract as requested.

**Kleffner, Julie**

---

**From:** Benne, Joy  
**Sent:** Wednesday, July 19, 2017 3:42 PM  
**To:** Morrison, Mary Ann; Kleffner, Julie  
**Subject:** RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal  
**Attachments:** RE: A2A FY18 Funding

Please see the attached email from Laclede County Pregnancy Center stating they do not want the increased funding for FY18. Thanks

*Joy E Benne, Fiscal Administrative Mgr.*

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

---

**From:** Morrison, Mary Ann  
**Sent:** Wednesday, July 19, 2017 3:39 PM  
**To:** Kleffner, Julie  
**Cc:** Benne, Joy  
**Subject:** RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

In addition to response (2), Laclede County Pregnancy Support Center communicated with DSS they did not want the increased funding for FY18. Let me know if you need the documentation and I'll get it from the Program. Thanks.

**Mary Ann Morrison, Procurement Officer II**  
DSS/DFAS  
Phone: (573) 526-3433  
Fax: (573) 526-4678  
Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

---

**From:** Morrison, Mary Ann  
**Sent:** Wednesday, July 19, 2017 3:29 PM  
**To:** Kleffner, Julie  
**Cc:** Benne, Joy  
**Subject:** RE: NR 886 DFA18000005-Alternatives to Abortion-FY18 Renewal

Thank you!

In response to (1), funding increase was based on HB 11, section 11.120 lines 2 through 6 minus 3% Governor's reserve on the general revenue portions (line 4) and per DSS upper management, line 6 funding amount was not included (if you need a copy of the HB, just let me know).

Phone: (573) 526-3433

Fax: (573) 526-4678

Email: [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov)

**Confidentiality Notice:** This electronic communication is from the Missouri Department of Social Services (DSS), Division of Finance & Administrative Services, and is only intended for its addressee. This communication may contain information that is privileged, confidential or otherwise protected from disclosure by law and/or DSS policy. If you are not the intended recipient, or the employee or agency responsible for delivering this information to its recipient, do not copy, circulate, forward or otherwise disclose this document. If you have received this message in error, please notify the sender immediately by return email at [maryann.morrison@dss.mo.gov](mailto:maryann.morrison@dss.mo.gov) or by phone at 573-526-3433.

**Kleffner, Julie**

---

**From:** Abigail Chisom <[abigail@psclebanon.org](mailto:abigail@psclebanon.org)>  
**Sent:** Tuesday, July 18, 2017 12:23 PM  
**To:** Benne, Joy  
**Subject:** RE: A2A FY18 Funding

Hi Joy,

Since things have changed with the maternity home funding method we haven't used as much funding. I think we better stay with our original amount at this time so the money can be put to good use elsewhere.  
Thank you,

Abigail Chisom  
Assistant Director  
Laclede County Pregnancy Support Center  
417-532-8555

---

**From:** Benne, Joy [mailto:[Joy.E.Benne@dss.mo.gov](mailto:Joy.E.Benne@dss.mo.gov)]  
**Sent:** Tuesday, July 18, 2017 11:57 AM  
**To:** 'Abigail Chisom'  
**Subject:** A2A FY18 Funding

Abigail,

Question for Laclede County Pregnancy Support Center....For FY2018 the A2A program was given additional funding. Would Laclede County Pregnancy Support Center be able to spend the extra funding in FY2018 if awarded?

We are possibly looking at more than what was stated for maximum annual total price on the contract award page from OA. DSS wants to make sure everyone can use the extra funding without lapsing any.

*Joy E Benne, Fiscal Administrative Mgr.*

Missouri Department of Social Services  
Division of Finance & Administrative Services  
Broadway State Office Building  
221 W. High St., Room 310  
P.O. Box 1082  
Jefferson City, MO 65102-1082  
Phone: (573) 751-7027  
Fax: 573-751-7598  
Email: [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov)

**Confidentiality Notice:** This electronic communication is from the Missouri Department of Social Services (DSS), Division of Finance & Administrative Services, and is only intended for its addressee. This communication may contain information that is privileged, confidential or otherwise protected from disclosure by law and/or DSS policy. If you are not the intended recipient, or the employee or agency responsible for delivering this information to its recipient, do not copy, circulate, forward or otherwise disclose this document. If you have received this message in error, please notify the sender immediately by return email at [joy.e.benne@dss.mo.gov](mailto:joy.e.benne@dss.mo.gov) or by phone at 573-751-7027.

NR886 DFA 18000005

Revised 08/17/15

**1. Indicate Contract Amendment Type**

RENEWAL:	PERIOD OF	3	TOTAL
<input type="checkbox"/>	Renewal - % Increase	<input type="checkbox"/>	Cost Savings
<input type="checkbox"/>	Renewal - \$ Increase	<input type="checkbox"/>	Cost Savings
<input type="checkbox"/>	Renewal - W/O Increase		
SFS Renewal - Prices In Original Contract			
SFS Renewal - Prices Not in Original Contract			

Performance Security Deposit: \$ \_\_\_\_\_

Surety Bond: \$ \_\_\_\_\_

Annual Wage Order Number: \_\_\_\_\_

Annual Wage Order Date: \_\_\_\_\_

County(ies): \_\_\_\_\_

**EXTENSION PERIOD:**

<input type="checkbox"/>	Extension - 30-Day		
<input type="checkbox"/>	Termination		
<input type="checkbox"/>	Extension - \$ Increase	<input type="checkbox"/>	Cost Savings
<input type="checkbox"/>	Extension - W/O Increase		
<input type="checkbox"/>	Assignment		
<input type="checkbox"/>	Cancellation/Termination		
<input checked="" type="checkbox"/>	Other Amendment		

Other Instructions: \_\_\_\_\_

**2. Preliminary Tasks/Verifications**

A. Section 34.040.6, RSMo	Buyer/Section Support	DT	7-31-17
B. Purchasing Suspension List	Buyer/Section Support	DT	7-31-17
C. Federal Suspension – SAM.GOV	Buyer/Section Support	DT	7-31-17
D. Labor Stds – OA/FMDC Contractor Debarment Lists	Buyer/Section Support		
E. Review of Participation Commitment Attainment – If app, Verify Receipt of 1 <sup>st</sup> Renewal – Blind/Shel Wkshp Affdvt	Buyer		
F. SFS Review/Justification – Insert Advertising Date, if applicable	Buyer		

**3. Prepare Contract Amendment**

<b>4. Review/Approve Contract Amendment (If Signature Required)</b>	Buyer	DT	7-31-17
Initial _____ Date _____	Supervisor _____ Section Manager _____	L0 8/1/17	Asst Director _____

<b>5. E-Mail/Fax Contract Amendment (If Signature Required)</b>	Buyer/Section Support	DT	8-1-17
Contractor E-Mail Address/Fax Number	info@psclebanon.org abigail@psclebanon.org		
State Agency Contact E-Mail Address	Mary Ann Morrison		

**6. Review Contract Amendment Response - Verifications**

A. Renewal/Extension Pricing	Buyer/Section Support		
B. Section 34.040.6, RSMo	Buyer/Section Support		
C. Performance Security Deposit/Surety Bond	Buyer/Section Support		
D. Renewal/Extension with Cost Savings Language	Buyer		
E. Statewide Notice	Buyer		
F. SFS Authorized Limit \$	Buyer		
<b>G. Contract Assignment Only Verifications – Complete unless completed in Step 2 above.</b>			
1. E-Verify Exhibit/Affidavit/Documentation	Buyer/Section Support		
2. Assignment and Consent Form	Buyer/Section Support		
3. Purchasing Suspension List	Buyer/Section Support		
4. Federal Suspension – SAM.GOV	Buyer/Section Support		
5. Labor Stds – OA/FMDC Contractor Debarment Lists	Buyer/Section Support		

**7. Prepare Contract Amendment Award Document/Statewide Notice**

<b>8. Review/Approve Contract Amendment Award Document</b>	Buyer	DT	8/22/17
Initial _____ Date _____	Supervisor _____ Section Manager _____	L0 8/22/17	Asst Director _____

<b>9. Process Contract Amendment</b>	Buyer/Section Support	DT	8-25-17
AM 300 PMM 0016388.m1	Buyer/Section Support	DT	8-25-17
Distribute E-Verify & SDV Documents	Buyer/Section Support		
E-Mail/Fax NOA to Contractor/Assignee & Agency Contact	Buyer/Section Support		
Copy/Save As Statewide Notice to Internet Folder	Buyer/Section Support		
<b>10. Log Participation Commitment Information</b>	Central Support-Participation	DT	8-25-17
<b>11. Image Contract Amendment Packet</b>	Central Support-Imaging	TT	9-13